

Missouri Department of Health and Senior Services

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MOA-0014 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/01/2017 |
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| NAME OF PROVIDER OR SUPPLIER REPRODUCTIVE HEALTH SERVICES / PLANNI | STREET ADDRESS, CITY, STATE, ZIP CODE 4251 FOREST PARK AVENUE SAINT LOUIS, MO 63108 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| L 000 | <p>Initial Comments</p> <p>An investigation was conducted from 03/20/17 sporadically through 05/01/17 for the purpose of review for one complaint in relation to the Missouri Regulations for Abortion Facilities.</p> <p>Complaint #MO00125526 was found to be unsubstantiated with no deficiencies.</p> <p>The facility was found to be in substantial compliance with the rules and regulations for abortion facilities found at 19 CSR 30-30.060.</p> | L 000 | | |

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE